

INMATE FINANCIAL CONTRACT

PAGE NO: 001

REGISTER NUMBER: 16729-069
INMATE NAME.....: GONZALEZ-IRIZARRY, JULIO A
FACILITY.....: FORT DIX FCI

A STAFF MEMBER HAS PROVIDED ME WITH INFORMATION REGARDING THE POTENTIAL CONSEQUENCES OF A REFUSAL ON MY PART TO PARTICIPATE IN THE INMATE FINANCIAL RESPONSIBILITY PROGRAM.

I AGREE TO SUBMIT PAYMENTS TOWARD SATISFACTION OF THE FINANCIAL OBLIGATION(S) INDICATED ON THIS FORM IN ACCORDANCE WITH THE PAYMENT PLAN OUTLINED BELOW. I AGREE TO FOLLOW THIS PAYMENT PLAN UNTIL THE FINANCIAL OBLIGATION(S) IS SATISFIED.

I FURTHER UNDERSTAND THAT THE PAYMENT CONTRACT WILL AUTOMATICALLY STOP AND NO FUNDS WILL BE WITHDRAWN FROM MY ACCOUNT IN THE EVENT THAT I AM PERMANENTLY RELEASED FROM MY PRESENT INSTITUTION OF CONFINEMENT. IN THE EVENT THAT I AM RELEASED PURSUANT TO A WRIT (INCLUDING A REQUEST FOR TEMPORARY CUSTODY PURSUANT TO THE INTERSTATE AGREEMENT ON DETAINERS) THE CONTRACT WILL NOT TERMINATE UNLESS I NOTIFY UNIT STAFF THAT UPON COMPLETION OF ANY PAYROLL/DEDUCTION CYCLES IN PROGRESS AT THE TIME I LEAVE THE INSTITUTION I WISH THE CONTRACT TO TERMINATE.

PAYMENT METHOD....: AMT/PCT: 50% FREQ: MO ORIGIN: UNICOR
START CYCLE.....: 02-2005
INMATE DECISION...: A 5
OBLIGATION NUMBER: 2

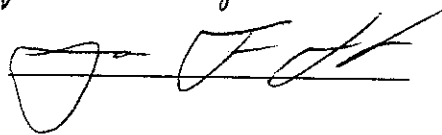
INMATE SIGNATURE.....:



DT SIGNED:

1/27/05

STAFF WITNESS SIGNATURE:



DT SIGNED:

1/27/05

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- - - - - FINANCIAL OBLIGATIONS OWED - - - - -		BALANCE	PAYABLE	COJ
OBLG	OBLIGATION TYPE		DEFERRED	FRQ
2	RESTITUTION FEDERAL VICTIM USDC	25880.00		